

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-005052

STATE FILE NUMBER

AMENDED

FILED FEB 23 1962

Primary Registration District No.

4474

Registrar's No.

7

1. PLACE OF DEATH

a. COUNTY

Saline

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Sweet Springs

Length of stay in 1b

life

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Community Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Saline

c. CITY

OR TOWN

Sweet Springs

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS

(If outside, give location)

7 miles N. E.

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Pleasant

L.

Aldridge

4. DATE OF DEATH

Month

Day

Year

January

30,

1962

5. SEX

male

6. COLOR OR RACE

white

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

3-7-1873

9. AGE (last birthday)

88

IF UNDER 1 YEAR

IF UNDER 24 HR.

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer-retired

10b. KIND OF BUSINESS OR INDUSTRY

Farming

11. BIRTHPLACE (City and state or country)

Sweet Springs, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Green Aldridge

13b. MOTHER'S MAIDEN NAME

Mary Dickerson

14. NAME OF HUSBAND OR WIFE

Sara - deceased

15. WAS DECEASED EVER IN U.S. ARMY FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

490-42-9901

17. INFORMANT

Mrs. Roy Johnson, R.F.D., Sweet Springs, Mo.

Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Pulmonary embolism

INTERVAL BETWEEN ONSET AND DEATH

5 hrs.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Urinary retention, acute

60 hrs.

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I.

CVA, resolute aphasia + aphonia

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from May '58 to Jan '62 and last saw him alive on 30 Jan '62

Death occurred at 2:35 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(degree or title)

Paul H. Roberts, M.D.

22b. ADDRESS

Sweet Springs, Mo.

22c. DATE SIGNED

1-31-62

23. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Feb. 1, 1962

23c. NAME OF CEMETERY OR CREMATORY

Fairview Cemetery

23d. LOCATION (City, town, or county)

Sweet Springs, Mo.

(State)

24. FUNERAL DIRECTOR

Edgar L. Moseley, Sweet Springs, Mo.

ADDRESS

25. DATE RECD. BY LOCAL REG.

Feb. 1, 1962

26. REGISTRAR'S SIGNATURE

Mary Manley

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Edgar L. Mosley
Licensed Embalmer No. 4724

P. O. Address Sweet Springs

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.